

<h1 style="margin: 0;">CLAIMS ONLY</h1>				Application Number <div style="font-size: 24pt; font-family: cursive;">10800194</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
				* May be used for additional claims or amendments			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4					
Total Depend	10					
Total Claims	14					

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	Indep	Depend	Indep	Depend	Indep	Depend
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